

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043478

FILED  
Jul 13, 2007  
Secretary of State

Entity Name: LAUREN HENDRICKSON, LLC

## Current Principal Place of Business:

19280 TIMBER PINE LANE  
ORLANDO, FL 32833

## New Principal Place of Business:

100 S EOLA DRIVE  
UNIT 603  
ORLANDO, FL 32801

## Current Mailing Address:

19280 TIMBER PINE LANE  
ORLANDO, FL 32833

## New Mailing Address:

100 S EOLA DRIVE  
UNIT 603  
ORLANDO, FL 32801

FEI Number: 20-4764595      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HENDRICKSON, LAUREN M  
19280 TIMBER PINE LANE  
ORLANDO, FL 32833      US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: HENDRICKSON, LAUREN M  
Address: 19280 TIMBER PINE LANE  
City-St-Zip: ORLANDO, FL 32833

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: HENDRICKSON, LAUREN M  
Address: 100 S EOLA DRIVE UNIT 603  
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAUREN HENDRICKSON

MGRM

07/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date